## L23000320295

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## **COVER LETTER**

TO:

TO: Registration 8 Division of Co			· .
surućen. 'Pare	do Performance		
NOBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		saac Pardo Gonzalez Name of Person	
		Pardo performance	
		Firm/Company	
		425 SE 3rd PL	
		Address	<del></del>
	Da	nia Beach , FL 33004	
		City/State and Zip Code	
		loperformance@gmail to be used for future annual report not	
For further information	concerning this matter, please c	·	
Isaac P	ardo Gonzalez	at ( <u>954</u> ) <u>871-17</u> Area Code Daytin	15
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
Mailing Addre Registration	Section	<u>Street Address:</u> Registration Se	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of 1	•
Tallahassee, FL 32314			be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		SOSA SEB - 1 V	KII: 55
(Name of the Limited Lial (A Flor	ility Company as it now app ida Limited Liability Compan	ears on our records.)	
1,,,,,,,	ion rannou ranionicy conquar	ALL AHLTS.	• 1
The Articles of Organization for this Limited Liability	Company were filed on	07/06/2023	and assigned
Florida document numberL23000320295	·		_
This amendment is submitted to amend the following:			
A. If amending name, guter the new name of the li	mited liability company	here:	
The new name must be distinguishable and contain the words "I	imited Liability Company." tl	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
			-
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registe		r records, <u>enter the</u>	name of the new register
agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Villee Address.	Enter i	Torida street address	
		, Florid	la.
	City	, F10710	Zip Code
	•		•

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added grienoved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Isaac Pardo	425 se 3rd Place Dania Beach FL, 33004	<b>X</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	08/24/2023
	Signature of a member or authorized representative of a member
	Isaac Pardo Gonzalez
	Typed or printed name of signee

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